

ORIGINAL

DOCKET NO. T-03974A-00-1039

NEW APPLICATION



RECEIVED

ARIZONA CORPORATION COMMISSION

2000 DEC 19 A 11:29

APPLICATION

SHORT FORM FOR PAY TELEPHONE PROVIDERS

AZ CORP COMMISSION
DOCKET CONTROL

Mail or deliver an original and 10 copies of this completed application to:

Docket Control Center
Arizona Corporation Commission
1200 West Washington Street
Phoenix, Arizona 85007

- I. List the name, address and telephone number of the person or entity (Applicant) that subscribes to the phone line from the local exchange company, indicate Business Name (if different than Applicant):

DENNIS R. STEVENSON

HOLIDAY INN EXPRESS

(Applicant's Name)
850 WEST SHELL ROAD

(Business Name if different than Applicant's Name)

(Applicant's Address)
NOGALES, ARIZONA 85621

(520) 281-0123

(Applicant's Address)

(Applicant's Telephone Number)

- II. If you intend on having an attorney represent you in this application, list the attorney's name, address and telephone number:

(Attorney's Name)

(Attorney's Address)

(Attorney's Address)

() -
(Attorney's Telephone Number)

- III. What type of entity is the Applicant?

- ☐ SOLE PROPRIETORSHIP; ☐ PARTNERSHIP; ☒ LIMITED LIABILITY COMPANY; or
☐ CORPORATION: By checking this box, you certify that you have a current copy of your Articles of Incorporation on file with the Arizona Corporation Commission's Corporations Division: ☐ Arizona Corporation; or ☐ Foreign Corporation.

- IV. SELECT ONE THAT APPLIES:

- ☒ GENERIC/STREAMLINED TARIFF: By checking this box, the Applicant states it intends to provide public pay telephone service in the State of Arizona under the rates, terms, and conditions as set forth in the COPT Generic Tariff, and A.A.C. R14-2-901. et.seq., and hereby concurs in that Tariff. The Applicant understands that requests to provide service under conditions other than those set forth in the COPT Generic Tariff may be approved

only by specific order of the Arizona Corporation Commission pursuant to A.A.C. R14-2-901. et. seq.; or

- ☐ CUSTOMIZED TARIFF: By checking this box, the Applicant states it intends to provide pay telephone service in the State of Arizona under a Special (non-streamlined) Tariff, A.A.C. R14-2-901. et. seq., and submits with this application its proposed Special (non-streamlined) COPT Tariff for services to be offered and does not concur in the Generic Tariff; or
- ☐ By checking this box, the Applicant states that it is NOT PROVIDING PUBLIC PAY TELEPHONE SERVICE, and hereby states that it is not a public service corporation, and swears and affirms that it is not offering its pay telephone service to the public and its primary business is not providing public pay telephone service. NOTE: Applicant may be subject to fines or other penalties if it is operating as a Public Service Corporation without a Certificate of Convenience and Necessity.

V. NOTICING

- ☐ By checking this box the Applicant states that it has placed the prescribed notice of the application at each pay telephone location (See instruction sheet: "NOTICE"). Attach ONE copy of a list of the addresses where you provide pay telephone service; OR

☒ By checking this box the applicant indicates it does NOT have any COPTs at this time.

VI. Attach one copy or sample of the customer information placard, which will be located on the pay telephone, that describes the services you offer and the instructions for operation. If you have checked the box to conform to the Generic Tariff, the placard must conform to: Para. III. items; C., D., J., K., and M.; plus Para. IV. C., items 1. through 7. of the Generic Tariff.

DIRECTOR OF OPERATIONS


(Signature of Applicant and Title)

DENNIS R. STEVENSON

(Type or Print Your Name)

DO NOT WRITE IN THIS SPACE

STAFF RECOMMENDATIONS

☐ By checking this box, the Applicant is requesting a hearing because it objects to the Staff Recommendations or other reasons. The request for a hearing and any objections to these Recommendations must be filed within 20 days from the date of this report. If the request is not made within 20 days, the Commission may decide the matter without a hearing unless a hearing is requested by Staff or an Intervenor.



No coin
needed for
SOS calls.

1.



2.



Local calls Deposit Money before dialing

Long Distance Dial all calls directly

To place Long Distance calls follow your Carrier's specific dialing instructions.

0+ needed for charge & person-to-person calls

1+ needed for station-to-station

SOS dial 911 for Emergency help

Change not provided

Calling Card Calls

This Area Code **0+** A.C.+Number
Other Area Code **0+** A.C.+Number
Wait For Special Tone, Then Dial Calling
Card Number

Operator Assist Calls

Operator: Dial 0, Wait a Few Seconds
This Area Code **0+** A.C.+Number
Other Area Code **0+** A.C.+Number
Wait For Special Tone, Then Dial 0 For Operator.

Station To Station Calls

This Area Code Number
Other Area Code **1+** A.C.+Number

Directory Assistance

Local 411
This Area Code 411
Other Area Code **1+** A.C.+555-1212
800 Type Calls **1+** 800+Number

For Emergency Call

No Coin Necessary

For Service Call, Dial 211

This Phone is Operated By: